

Bicycling Improvement Request

Request Type

- | | |
|---|--|
| <input type="checkbox"/> Maintenance Request | <input type="checkbox"/> Bicycle/Motor Vehicle Conflict |
| <input type="checkbox"/> Bikeway Suggestion | <input type="checkbox"/> Traffic Signal/Sign Problem |
| <input type="checkbox"/> Bicycle Parking | <input type="checkbox"/> General Safety Concern/Suggestion |
| <input type="checkbox"/> Other (Describe Briefly) _____ | |

Location (Be as specific as possible. Street/path name, block number, intersection, nearby landmark, etc.)

Problem/Request (What is it ? Why is it a problem?)

Proposed Solution

Submitted By

Name: _____

Date _____

Address: _____

Day Phone _____

Zip _____

Office use only below this line.

Action/Response: ☐ Verbal ☐ Written To: _____

Date _____

Comments:

Return To: City of Asheville, Transportation Services Division, PO Box 7148, Asheville, NC 28802